

## FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR  
ELECTIONEERING COMMUNICATIONS

## 1. Person Making the Disbursements/Obligations

(a) Name

Mountaineers Are Always Free PAC

(b) Address (number and street) ☐ check if different than previously reported1747 Pennsylvania Avenue, NW  
Suite 800

(c) City, State and ZIP Code

Washington

DC

20006

(d) Name of Employer or Principal Place of Business

(e) Occupation

## 2. FEC Identification Number

C C30002604

## 3. Is This Statement



New

or



Amended

## 4. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2016

D D D / Y Y Y Y Y Y

through

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2016

D D D / Y Y Y Y Y Y

through

## 5. (a) Date of Public Distribution(s)

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2016

D D D / Y Y Y Y Y Y

Y Y Y Y Y Y

(b) Communication Title No Way

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☒ Other, specify: WV pol. committee

## 7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes ☐No ☐

## 8. Custodian of Records

(a) Name

Russell, Lee, , ,

(b) Address (number and street)

1747 Pennsylvania Avenue, NW  
Suite 800

(c) City, State and ZIP Code

Washington

DC

20006

(d) Name of Employer or Principal Place of Business

Republican Attorneys General Assoc.

(e) Occupation

Chief Financial Officer

## 9. Total Donations This Statement

, , , .00

## 10. Total Disbursements/Obligations This Statement

, , , 18750.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Russell, Lee, , ,

SIGNATURE

Russell, Lee, , ,

[Electronically Filed]

DATE

11/06/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

**List of Person(s) Sharing/Exercising Control**  
 (use additional pages as necessary)

PAGE 2 OF 3

**11. Person(s) Sharing/Exercising Control**
**A.** (a) Name Transaction ID : F91.000001

Russell, Lee, , ,

 (b) Address (number and street) 1747 Pennsylvania Avenue, NW  
 Suite 800

(c) City, State and ZIP Code

Washington

DC 20006

(d) Name of Employer or Principal Place of Business

Republican Attorneys General Assoc.

(e) Occupation

Chief Financial Officer

**B.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**C.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**D.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**E.** (a) Name

(b) Address (number and street)

(c) City, State and ZIP Code

(d) Name of Employer or Principal Place of Business

(e) Occupation

**SCHEDULE 9-B**

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**Disbursement(s) Made or Obligation(s)**

<b>A. Full Name (Last, First, Middle Initial) of Payee</b> <b>Mentzer Media Services, Inc.</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y  11 / 03 / 2016 </div>	
Mailing Address of Payee 201 W Pennsylvania Ave, Ste 250				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> 18750.00 </div>	
City Towson		State MD		Zip Code 21204	
Name of Employer		Occupation		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y  11 / 05 / 2016 </div>	
Purpose of Disbursement (Including title(s) of communication(s)) Television Advertising - Media Placement "No Way"				<b>Transaction ID : F93.000001</b>	
Name of Federal Candidate Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President		State: WV District: _____ Disbursement/Obligation For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
<b>Transaction ID : F94.000002</b>					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
<b>B. Full Name (Last, First, Middle Initial) of Payee</b>				<b>Date of Disbursement or Obligation</b> <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y </div>	
Mailing Address of Payee				<b>Amount</b> <div style="border: 1px solid black; padding: 2px;"> </div>	
City		State		Zip Code	
Name of Employer		Occupation		<b>Communication Date</b> <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y </div>	
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: _____ District: _____ Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	
<b>SUBTOTAL of Disbursements/Obligations This Page (optional) .....</b>				<div style="border: 1px solid black; padding: 2px;"> 18750.00 </div>	
<b>TOTAL This Period (last page this line number only) .....</b> (carry total from last page to Line 10)				<div style="border: 1px solid black; padding: 2px;"> 18750.00 </div>	